

P.O. Box 12847 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.agr.state.tx.us

## **Texas Department Of Agriculture Pesticide Applicator Change of Information**

PA-406

TODD STAPLES, COMMISSIONER

A	<sup>1</sup> VERIFICATION INFORMATION							
ON	Applicator Name							
SECTION	TDA Client No. TDA License No.							
SE	1D/1 Cheft No.	1D/1 Licens	C 110.					
	Please provide ONLY the information that has changed.							
	<sup>1</sup> NEW PHYSICAL ADDRESS							
	Address							
ON B			1					
	City	State	Zip					
	Directions to Physical Location if address above is difficult to find							
	<sup>2</sup> NEW MAILING ADDRESS			Same as Physical Address				
SECTION B	Address							
S	City	State	Zip					
	3 NEW CONTACT INFORMATION							
	<sup>3</sup> NEW CONTACT INFORMATION							
	Primary Phone	Seconda	Secondary Phone (optional) Fax (optional)					
	( ) -	( )	( ) -					
	E-mail		Would you prefer to be contacted by E-mail?					
		Yes Yes		☐ No				

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, and 559.004.)

Applicator Name \_\_\_\_\_

	<sup>1</sup> COMMERCIAL/NONCOMMERCIAL/ NONCOMMERCIAL POLITICAL SUBDIVISION ONLY					
	Employer Name		Primary Phone			
SECTION C	· · · · · · · · · · · · · · · · · · ·			( ) -		
	<sup>2</sup> NEW EMPLOYER'S PHYSICAL ADDRESS					
	Address					
	City	State		Zip		
	<sup>3</sup> NEW EMPLOYER'S MAILING ADDRESS			Same as Physical Address		
	Address					
	City	State		Zip		
SECTION D	<sup>1</sup> NEW RESIDENT AGENT - OUT-OF-STATE APPLICATORS ONLY					
	Who do you wish to designate as resident agent?  The Texas Secretary of State Other (list below)					
	New Resident Agent Name					
	New Resident Agent Address					
	City	Zip		Business Phone		
				( ) -		
SECTION E	<sup>1</sup> SIGNATURE					
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.					
	Applicant Name (print)		Title			
	Applicant Signature		Date / / month day year			